

From: info

> Sent: [October 16, 2012](#) 4:02 PM

> To: AHS.All

> Subject: Message from the CEO: From good to best-in-class

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> To all staff, physicians and volunteers.

> In this update:

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> \* From good to best-in-class

> \* Rockyview General Hospital demonstration project

> \* Clear planning and priorities

> \* Ideas to action

> \* Urgency and sustainability

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> How do we make a good health system best-in-class? What do we need to do now to advance and solidify AHS's leadership role in health care delivery and innovation in Canada? In short, where do we go from here?

> We are tackling these questions now. Many of the guiding principles, outlined in a presentation Board Chair Stephen Lockwood and I gave earlier this month to AHS senior leaders will sound familiar: local decision-making, allowing leaders the freedom and accountability to lead, and simplifying the health system by seeing it through the eyes of patients and communities.

> Stephen describes this as fine-tuning and refining the system, and has stressed that we have accomplished a great deal in a short time. AHS has much to be proud of, and the gains we've seen in staff and physician engagement, for example, are essential to building on our successes.

> I see the work ahead as a natural evolution from many health regions that often competed with one another to a provincewide health system, in which Zones and local health providers have responsibility for leadership and decision-making, while collaborating and sharing the best of what we do every day to achieve the highest standards of quality and safety for every Albertan. That makes us unique in Canada and well down the path to becoming best-in-class.

> From the perspective of patients and caregivers, this work will also provide impetus to our quality and safety initiatives.

> Rockyview General Hospital Demonstration Project

> Fine-tuning and refining are not abstract notions. We are acting, with a demonstration project at Calgary's Rockyview General Hospital (RGH) underway now.

> It's natural to want more details, but that would defeat the purpose of allowing leaders at every level at RGH to create a model from the ground up. We need to trust in local innovation. We'll hear more from RGH as the work takes shape and accelerates.

> In a nutshell, what's changing is the way we make decisions and take action. Decisions should not be passed up and down the AHS organization chart. That is bureaucracy. Decisions will be made as close as possible to where health care is delivered, many at the level of a self-managed operating unit. How is an operating unit defined? That's part of the discussion and debate.

> The idea is to use RGH as a test case to help refine and define what an operating unit looks like and

how it will work. Key questions: Does it result in higher patient satisfaction and improved outcomes? Does it improve access, quality and safety? Continually striving to improve means questioning how and why we do things the way we do them. What works well and what doesn't? Where can we reduce the burden of bureaucracy – the hurdles that get in the way of making decisions quickly and effectively? We need to evaluate and understand, be open to ideas, and above all, to act, making sure that every decision is what's best for our patients and their families.

> We are at the beginning of this stage in our journey. For that reason every idea that winds up on the table will not necessarily result in action, so we need to be open to change but not make assumptions or jump to conclusions. Let's explore, not speculate.

> We'll share what is learned as we go, with ongoing communication from RGH, from stakeholders around the province, and from me and from Stephen.

> Planning and Priorities

> The demonstration project won't change our priorities, but it should make it possible to achieve them more quickly. We must be open to ideas – to creating different paths – but it is not an open-ended process and the plan has very clear and necessary results:

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> · Improved patient satisfaction

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> · An engaged, innovative and energized workforce

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> · Greater operational flexibility

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> · Allowing leaders to be leaders

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> · Ability to respond quickly

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> · Encouraging peer to peer benchmarking, learning and cooperation

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> · Lower costs achieved through more efficient operations and a focus on outcomes

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> · Improved community engagement

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> · A model that is scalable and adaptable across AHS

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> Ideas to Action

> The RGH project will not be isolated. On the contrary, we want and expect it to involve discussions with many groups and functions within the Zone and across AHS and they will start almost immediately. We want and expect a healthy debate. It will be open and transparent with the full involvement of all leaders, clinicians and front-line staff at all levels. We've made important gains in staff and physician engagement that cannot be lost.

> That said, discussion and debate are not substitutes for action. They will work in concert. What's also clear is that we will act and we will learn from our actions, so that even as the RGH demonstration

project unfolds, all health care leaders and providers will have the opportunity to have an active and immediate role in shaping the future. I urge everyone to be engaged, but also be prepared to act and support action.

> Urgency and Sustainability

> There is urgency to this work, which is why a hospital-wide demonstration project, while ambitious, has the necessary scale and potential for far-reaching impact. Canada and the world are in a period of prolonged economic uncertainty, and the health care delivery system is not immune. Our \$12B budget represents about a third of the total provincial budget. There is no way to know where the economy is headed in the weeks and months and years ahead. What we can control now is how we prepare for the future. Come what may, we must and will be ready.

> Personally, I am and have always been confident in AHS and its people, and in the future of health care in Alberta. As we have progressed, improved and matured as an organization, we have seen time and again the capabilities and functions that truly exemplify the value of AHS as a provincewide health system. We did not set an easy goal for ourselves, and we will not lose valuable, hard-won gains. We have a large, complex and vitally important organization to manage with many important objectives ahead. But above all, we take care of people.

> We must continue the work at hand – for every patient and every client in every community every single day – even as we fine-tune and refine the system for the future. This is not just important, it is essential, and we need you now more than ever.

> Dr. Chris Eagle

> President and CEO